

UTILITY

PATENT APPLICATION
TRANSMITTAL

Attorney Docket No.

NIAD-213.1

First Inventor or Application Identifier

JACOBSON

Title

METHOD FOR IDENTIFYING REGULATORS OF PROTEIN-ADVANCED GLYCATION END PRODUCT (AGE) FORMATION

Express Mail Label No.

EL649533752US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. ☒ *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)

2. ☒ Specification
(preferred arrangement set forth below)

Total Pages

28

- Descriptive title of the invention
- Cross References to Related Applications
- Reference of Microfiche Appendix
- Background of the invention
- Brief Summary of the invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. ☒ Drawing(s) (35 U.S.C. 113)

Total Sheets

19

4. ☒ Oath or Declaration

Total Pages

3

- ☒ Newly executed (original or copy)

- ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 17 completed)

- i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33 (b)

Incorporation By Reference (useable if Box 4b is checked)

5. ☐ The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be a part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

17. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No:

Prior application information:

Examiner:

Group / Art Unit:

18. CORRESPONDENCE ADDRESS

- ☐ Customer Number or bar code label

(Insert Customer No. or Attach bar code label here)

or



Correspondence address below

Name

Fulbright & Jaworski LLP

Address

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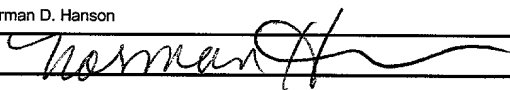
Name (Print/Type)

Norman D. Hanson

Registration No. (Attorney/Agent)

30,946

Signature



Date

April 16, 2001

*** NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)**

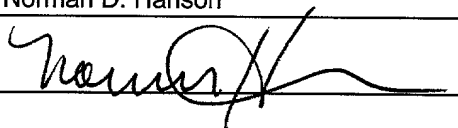
FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	To be assigned
	Filing Date	Herewith
	First Named Inventor	JACOBSON
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket No.	NIAD-213.1

FEE CALCULATION

(1)	(2)	(3)	(4)	(5)
FOR: Small entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$355.00
TOTAL CLAIMS	11 - 20 =	0	x 18/9.00	\$ 0.00
INDEPENDENT CLAIMS	2- 3 =	0	x 78/39.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$260/130.00	_____
			TOTAL FEES	\$355.00

METHOD OF PAYMENT

- ☐ Please charge Deposit Account No. 50-0624 in the amount of \$ _____
- ☒ A check for \$355.00 is enclosed to cover the cost of the Application filing fee.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Norman D. Hanson	Reg. No. 30,946
Signature		Deposit Account No. 50-0624
	Date: April 16, 2001	